

Return to Work or School Breast Pump Assessment Form

WIC Participant Name _____

Date _____

Baby's name _____

D.O.B. _____

Milk supply status:

Are you exclusively breastfeeding (no formula, water or other liquid)? ☐ yes ☐ no

If yes, how long have you been exclusively breastfeeding? _____

Number of baby's wet diapers in 24 hours? _____ Clear urine? ☐ yes ☐ no

Number of baby's dirty diapers in 24 hours? _____ Color/texture? _____

Number of breastfeedings in 24 hours? _____

Has your baby ever had any formula, water or other liquid? ☐ yes ☐ no

When? _____ How much? _____ For how long? _____

If no, how long have you been supplementing with formula, water or other liquid? _____

How many ounces of formula, water or other liquid does your baby currently get in 24 hours? _____

Have you had any difficulty breastfeeding? ☐ yes ☐ no

Describe: _____

Returning to work or school:

Where do you work/go to school? _____

When will you return to work/school? _____

How many hours a day will you be separated from your infant? (Include travel time) _____

Employer/teacher/childcare provider support:

Have you talked to your employer/school about pumping at work/school? ☐ yes ☐ no

Is your employer/school supportive? ☐ yes ☐ no ☐ not sure

Do you have a place to pump at work/school? ☐ yes ☐ no ☐ not sure

Do you have a place to store your milk at work/school? ☐ yes ☐ no ☐ not sure

Will your employer/teacher allow you to modify your work/school schedule
(use breaks and part of your lunch hour, come in early and/or leave late)
in order to pump? ☐ yes ☐ no ☐ not sure

Is your childcare provider supportive of breastfeeding? ☐ yes ☐ no ☐ not sure

Can you go to your childcare facility to nurse your baby during lunch? ☐ yes ☐ no ☐ not sure

Breastfeeding goal/experience:

What is your breastfeeding goal? (How long do you plan on breastfeeding)? _____

Have you breastfed another infant? ☐ yes ☐ no **If yes**, for how long? _____

Have you used a pump before? ☐ yes ☐ no **If yes**, ask the following:

- What kind? _____
(Brand) (Type: manual, battery, electric)

- How long did you use the pump? _____